



An Information Service of the Division of Medical Assistance

**North Carolina
Medicaid Pharmacy
Newsletter**

Number 165

December 2008

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Published by EDS, fiscal agent for the North Carolina Medicaid Program
1-800-688-6696 or 919-851-8888

Update on Drug Coverage Changes From CMS

The FDA has determined that the following drugs are DESI code 2; therefore, these drugs will be eligible for Medicaid coverage effective as of **December 11, 2008**.

NDC	DRUG NAME
10914096001	Guaifenesin 600MG/Carbetapentane Citrate 60 mg
14629047301	Zinx Cough Kit
28595060216	Allres G
51991008316	Carbetaplex Liquid
55566810101	Prosed DS
58177032304	Nitroquick .3 mg Sublingual Tablets
58177032404	Nitroquick .4 mg 100's Sublingual Tablets
58177032418	Nitroquick .4 mg 100's Sublingual Tablets
58177032504	Nitroquick .4 mg 4X25's Sublingual Tablets
58809030301	Carba-XP
58809053601	Carbatuss
58809061501	Carbatab-12
58809070701	Carbatuss-CL
60258042516	Pulmari-GP Syrup
64376053716	Phencarb GG Syrup

The FDA has determined that the following drugs are DESI code 2; therefore, these drugs will be eligible for Medicaid coverage effective as of **December 02, 2008**.

NDC	DRUG NAME
50991030960	Poly Vent DM
50991056160	Poly Vent IR
50991071660	Deconex IR
50991073060	Deconex DMX

Deleted NDCs from CMS

The following product does not meet the definition of a covered outpatient drug and is not rebate eligible. Therefore, it is being deleted from the CMS Master Drug Rebate (MDR) file of covered outpatient drugs effective as of **November 25, 2008**

NDC	DRUG NAME
55390060502	Colchicine

The following products do not meet the definition of a covered outpatient drug and are not rebate eligible. Therefore, they are being deleted from the CMS Master Drug Rebate (MDR) file of covered outpatient drugs effective as of **December 11, 2008**

NDC	DRUG NAME
00172300160	Quinine Sulfate
00172417160	Quinine Sulfate Capsules Usp 200mg
00172417260	Quinine Sulfate Capsules Usp 325mg
00172417280	Quinine Sulfate Capsules Usp 325mg
00591071601	Quinine Sulfate Capsules 325mg
00591071610	Quinine Sulfate Capsules 325mg

North Carolina Medicaid Upper Limits for Treximet and Sumatriptan

North Carolina Medicaid has instituted upper limits on certain medications based on the FDA approved dosage limit per day. This will limit the number of dosage units per script that can be dispensed at one time. This is in line with other healthcare providers. The following upper limits for **Treximet** and generic **sumatriptan** are in affect:

<u>Drug Description</u>	<u>Upper Limit</u>
Treximet	9
Sumatriptan 4mg/0.5ml:	4 (8 injections)
Sumatriptan 6mg/0.5ml:	4 (8 injections)
Sumatriptan 25mg Tab	36
Sumatriptan 50mg Tab	18
Sumatriptan 100mg Tab	9

Medicaid Identification Card Changes

DMA is changing the size of the blue and pink Medicaid identification cards, as well as adding a new card color. These changes are being made to improve use of the card for both the recipient and the provider by generating cards in a reduced size that is more portable, and to better identify the type of services for which the cardholder is eligible. The buff card will not change.

FAMILY PLANNING WAIVER Medicaid identification cards printed on or after **December 12, 2008, will be GREEN**. This color change will enable a provider to identify those recipients eligible for only limited Family Planning Waiver services.

Beginning December 12, 2008, **BLUE MEDICAID** identification cards, issued for Adult and Family and Children's Medicaid programs, and **PINK MEDICAID** identification cards, issued for recipients of the Medicaid for Pregnant Women program (MPW), as well as the new **GREEN MEDICAID** identification card, will be reduced in size to allow recipients to easily cut out the card and carry it in a wallet. In order to be able to provide a smaller card, the location of some of

the information on the card has changed. The detachable pharmacy stub is no longer necessary and has been removed.

The Medicaid identification cards will continue to include the Medicaid Program Abbreviation and the Class Identifier as defined below. However, some new Class Identifier codes will appear. The Class Identifier code, in conjunction with the dates covered by the Medicaid card, is important in determining whether the individual is eligible for full Medicaid coverage or other restricted or time-limited coverage.

Recipients in the Medicaid benefit categories listed below receive the **GREEN Medicaid identification card**:

Medicaid Program Name	Abbreviation	Fourth Character Class Identifier	Medicaid Eligibility
Families and Children, Family Planning Waiver	MAF-D	D	Recipient is limited to Family Planning Services only , under the Family Planning Waiver.

Refer to DMA's website at <http://www.ncdhhs.gov/dma/MFPW/MFPWconsumer.htm> for additional information.

THIS DOCUMENT CONTAINS FLUORESCENT FIBERS, FLUORESCENT ARTIFICIAL WATERMARK AND IS PRINTED ON CHEMICAL REACTIVE PAPER

N.C. DEPT. OF HEALTH AND HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE

Cut along dotted lines

MEDICAID IDENTIFICATION CARD

CAP CODE COUNTY CASE # ISSUANCE PROGRAM CLASS

SAMPLE

VALID THRU

Recipient Signature _____
(Not valid unless signed)

MISUSE MAY RESULT IN FRAUD PROSECUTION

FOLD HERE

Cut along dotted lines

N.C. DEPT. OF HEALTH AND HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE

RECIPIENT I.D. ELIGIBLES FOR MEDICAID INS. BRTH SEX
DATE

*** FAMILY PLANNING WAIVER ***
RECIPIENT ELIGIBLE FOR LIMITED
FAMILY PLANNING SERVICES ONLY

INS.# NAME CODE POLICY NUMBER TYPE

Cut along dotted lines

DMA-5026 (08/08) monthly

Recipients in the Medicaid benefit categories listed below receive the **BLUE Medicaid identification card**:

Medicaid Program Name	Abbreviation	Fourth Character Class Identifier	Medicaid Eligibility
Work First Family Assistance	AAF	C	Recipient is eligible for full Medicaid coverage.
Aid to the Aged	MAA	C, G, or N	Recipient is eligible for full Medicaid coverage.
Aid to the Blind	MAB	B or Q	Recipient is eligible for Medicaid and payment of Medicare Part B premiums
		M or P	Recipient has met a deductible and is eligible for full Medicaid coverage
Aid to the Disabled	MAD	F, H, O, or R	Recipient is eligible for emergency coverage limited to the dates shown on the card.
Special Assistance to the Blind	MSB	C	Recipient is eligible for full Medicaid coverage
Special Assistance –	SAA		
Aid to the Aged	SAD	B or Q	Recipient is eligible for full Medicaid coverage and payment of Medicare Part B premium
Special Assistance – Aid to the Disabled			
Infants and Children	MIC	1, G, or N	Recipient is eligible for full Medicaid coverage
		F or H	Recipient is eligible for emergency coverage limited to the dates printed on the card.
Families and Children	MAF	C, G, N, T, or W	Recipient is eligible for Medicaid
		M or P	Recipient has met a deductible and is eligible for Medicaid
		F, H, O, R, U, or V	Recipient is eligible for emergency coverage limited to the dates printed on the card.
Foster Care; Adoption Subsidy	HSF; IAS	C, G, or N	Recipient is eligible for Medicaid
		M or P	Recipient has met a deductible and is eligible for Medicaid
		F, H, O, or R	Recipient is eligible for emergency coverage limited to the dates printed on the card.
Refugees	MRF	N	Recipient is eligible for Medicaid
		M	Recipient has met a deductible and is eligible for Medicaid
Refugee Assistance	RRF	C	Recipient is eligible for Medicaid.

Refer to DMA's website at <http://www.ncdhhs.gov/dma/medicaid/who.htm> for additional information.

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N.C. DEPT. OF HEALTH AND HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE

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MEDICAID IDENTIFICATION CARD

CAP CODE COUNTY CASE # ISSUANCE PROGRAM CLASS

N.C. DEPT. OF HEALTH AND HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE

RECIPIENT I.D. ELIGIBLES FOR MEDICAID INS BRTH DATE SEX

VALID THRU

INS.# NAME CODE POLICY NUMBER TYPE

Recipient Signature
(Not valid unless signed)

MISUSE MAY RESULT IN FRAUD PROSECUTION

DMA-5005 (5/06) 1427

Recipients in the Medicaid benefit categories listed below receive the **PINK Medicaid identification card**:

Medicaid Program Name	Abbreviation	Fourth Character Class Identifier	Medicaid Eligibility
Pregnant Women	MPW	I or N	Recipient is eligible for limited pregnancy-related services .
		F or H	Recipient is eligible for emergency coverage only, including labor and delivery, limited to the dates shown on the card .

Refer to DMA's website at <http://www.ncdhhs.gov/dma/medicaid/families.htm#pregnant> for additional information.

THIS DOCUMENT CONTAINS FLUORESCENT FIBERS, FLUORESCENT ARTIFICIAL WATERMARK AND IS PRINTED ON CHEMICAL REACTIVE PAPER

N.C. DEPT. OF HEALTH AND HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE

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MEDICAID IDENTIFICATION CARD

CAP CODE COUNTY CASE # ISSUANCE PROGRAM CLASS

N.C. DEPT. OF HEALTH AND HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE

RECIPIENT I.D. ELIGIBLES FOR MEDICAID INS BRTH DATE SEX

VALID THRU

INS.# NAME CODE POLICY NUMBER TYPE

Recipient Signature
(Not valid unless signed)

MISUSE MAY RESULT IN FRAUD PROSECUTION

This recipient is only entitled to receive pregnancy related services which include prenatal, delivery and postpartum care as well as services required for conditions which may complicate pregnancy.

DMA-5001 (monthly)

Recipients in Medicaid benefit categories listed below receive the **BUFF Medicaid identification card**:

Medicaid Program Name	Abbreviation	Fourth Character Class Identifier	Medicaid Eligibility
Medicare-Qualified Beneficiaries	MQB	Q	Medicaid is limited to payment of Medicare premiums, deductibles and co-insurance. Medicaid does not pay toward any service that is not covered by Medicare.

☐

NOTICE TO RECIPIENT

USE OF CARD - This card is proof of eligibility for MEDICARE-AID for the month(s) shown in the Valid From and Thru dates. You will receive a card for each month you are eligible. It is to be used with your MEDICARE card so that your medical providers can bill the MEDICAID program for MEDICARE deductibles and coinsurance. If you do not show your MEDICARE-AID card, the providers may bill you for the deductibles and coinsurance. Lost cards may be replaced at the county DSS. Always notify your caseworker of any change in your income, resources or living situation. This card is valid only for medical care and services covered by MEDICARE.

RIGHT TO RECONSIDERATION REVIEW - You have the right to request a review if you are billed by a provider for MEDICARE deductibles and coinsurance which you expected to be paid by the MEDICAID program. To ask for a review, write to: DMA, 1985 Umstead Drive, Raleigh, N.C. 27603.

FRAUD - Use of the MEDICAID ID card by any person other than the authorized recipient is against Federal and State laws and therefore is punishable by a fine or imprisonment.

CUT ALONG DOTTED LINES

MEDICARE-AID ID CARD

N.C. DEPT. OF HUMAN RESOURCES DIVISION OF MEDICAL ASSISTANCE

PROGRAM	ISSUANCE	VALID	
FROM	THRU	RECIPIENT I.D.	INS. NAME CODE
BIRTH-DATE	SEX		

SAMPLE

(Not valid unless signed)

SIGNATURE _____

Providers who have general eligibility questions should contact their local Department of Social Services office. A list of all the local offices is available online at <http://www.ncdhhs.gov/dss/local/>.

- For additional consumer information about Medicaid eligibility, refer to [Who is eligible for Medicaid?](#) and [Family Planning](#).
- For additional provider information about recipient eligibility, refer to the [Basic Medicaid Billing Guide](#).
- Providers who have general eligibility questions should contact their [local Department of Social Services office](#).
- [MID Card Examples](#)

Early and Periodic Screening, Diagnostic and Treatment and Applicability to Medicaid Services and Providers

Service limitations on scope, amount, duration, frequency, location of service, and other specific criteria stated in this publication **may be exceeded or may not apply to recipients under 21 years of age** if the provider's documentation shows that

- the requested service is medically necessary to correct or ameliorate a defect, physical or mental illness, or health problem; and

- all other Early and Periodic Screening, Diagnostic and Treatment (EPSDT) criteria are met.

This applies to both proposed and current limitations. Providers should review any information in this publication that contains limitations in the context of EPSDT and apply that information to their service requests for recipients under 21 years of age. A brief summary of EPSDT follows.

EPSDT is a federal Medicaid requirement (42 U.S.C. § 1396d(r) of the Social Security Act) that requires the coverage of services, products, or procedures for Medicaid recipients under 21 years of age if the service is medically necessary to correct or ameliorate a defect, physical or mental illness, or a condition [health problem] identified through a screening examination (including any evaluation by a physician or other licensed clinician).

This means that EPSDT covers most of the medical or remedial care a child needs to

- improve or maintain his or her health in the best condition possible OR
- compensate for a health problem OR
- prevent it from worsening OR
- prevent the development of additional health problems

Medically necessary services will be provided in the most economic mode possible, as long as the treatment made available is similarly efficacious to the service requested by the recipient's physician, therapist, or other licensed practitioner; the determination process does not delay the delivery of the needed service; and the determination does not limit the recipient's right to a free choice of providers.

EPSDT does not require the state Medicaid agency to provide any service, product, or procedure that is unsafe, ineffective, experimental, or investigational; that is not medical in nature; or that is not generally recognized as an accepted method of medical practice or treatment.

If the service, product, or procedure requires prior approval, the fact that the recipient is under 21 years of age does **not** eliminate the requirement for prior approval.

For important additional information about EPSDT, please visit the following websites:

- *Basic Medicaid Billing Guide* (especially sections 2 and 6): <http://www.ncdhhs.gov/dma/medbillcaguide.htm>.
- *Health Check Billing Guide*: <http://www.ncdhhs.gov/dma/healthcheck.htm>.
- EPSDT provider information: <http://www.ncdhhs.gov/dma/EPSDTprovider.htm>.

FORM - Emergency Fill Reminder

Pharmacy providers may provide emergency fills for FORM recipients who have opted-in to another pharmacy for situations in which recipients may not be able to get to their pharmacy. The emergency supply is limited to a 4-day supply. The pharmacy provider will be paid for the drug cost only and the recipient will be responsible for the appropriate co-payment. Pharmacy providers should use a "03" in the level of service field (418-DI) in order to dispense an emergency supply of a medication to a FORM recipient

Federal Mac List Changes

Effective January 12, 2009, the following changes will be made to the Medicaid Drug Federal Upper Limit list:

FUL Deletions

<u>Generic Name</u>	<u>FUL Price</u>
Hydroxyzine Hydrochloride 10 mg/5 ml, Syrup, Oral, 480	

FUL Price Decreases

<u>Generic Name</u>	<u>FUL Price</u>
Amoxicillin 250 mg, Capsule, Oral, 100	\$0.0653 B
500 mg, Capsule, Oral, 100	\$0.1193 B
Atenolol; Chlorthalidone 50 mg; 25 mg, Tablet, Oral, 100	\$0.1122 B
Buspirone Hydrochloride 5 mg, Tablet, Oral, 100	\$0.0527 R
10 mg, Tablet, Oral, 100	\$0.0714 R
15 mg, Tablet, Oral, 100	\$0.1028 R
Carisoprodol 350 mg, Tablet, Oral, 100	\$0.0851 R
Cefuroxime Axetil 250 mg, Tablet, Oral, 20	\$0.5513 R
500 mg, Tablet, Oral, 20	\$1.0665 R
Clomipramine Hydrochloride 50 mg, Capsule, Oral, 100	\$0.5036 B
Clonazepam 0.5 mg, Tablet, Oral, 100	\$0.0600 R
1 mg, Tablet, Oral, 100	\$0.0780 R
2 mg, Tablet, Oral, 100	\$0.1080 R
Clonidine Hydrochloride 0.3 mg, Tablet, Oral, 100	\$0.1815 R
Fluoxetine Hydrochloride 10 mg, Capsule, Oral, 100	\$0.1386 B
20 mg, Capsule, Oral, 100	\$0.1454 B
40 mg, Capsule, Oral, 30	\$1.1625 B
20 mg/5ml, Solution, Oral, 120	\$0.2250 B

Guanfacine Hydrochloride	
EQ 1 mg Base, Tablet, Oral, 100	\$0.1242 R
EQ 2 mg Base, Tablet, Oral, 100	\$0.7011 R
Hydrocortisone	
1%, Cream, Topical, 30	\$0.0560 R
2.5% Cream, Topical, 30	\$0.1650 R
Ibuprofen	
400 mg, Tablet, Oral, 100	\$0.0345 B
600 mg, Tablet, Oral, 100	\$0.0417 B
Lovastatin	
10 mg, Tablet, Oral, 60	\$0.3285 R
20 mg, Tablet, Oral, 60	\$0.4622 R
40 mg, Tablet, Oral, 60	\$0.7922 R
Oxybutynin Chloride	
5 mg/5 ml, Syrup, Oral, 473	\$0.0278 B
Terazosin Hydrochloride	
EQ 1 mg Base, Capsule, Oral, 100	\$0.1425 B
EQ 2 mg Base, Capsule, Oral, 100	\$0.1425 B
EQ 5 mg Base, Capsule, Oral, 100	\$0.1425 B
EQ 10 mg Base, Capsule, Oral, 100	\$0.1425 B
Zidovudine	
300 mg, Tablet, Oral, 60	\$0.9110 B
Zonisamide	
25 mg, Capsule, Oral, 100	\$0.1931 R
50 mg, Capsule, Oral, 100	\$0.2112 R
100 mg, Capsule, Oral, 100	\$0.4998 R

FUL Price Increases

<u>Generic Name</u>	<u>FUL Price</u>
Acebutolol Hydrochloride	
EQ 200 mg Base, Capsule, Oral, 100	\$0.4613 B
EQ 400 mg Base, Capsule, Oral, 100	\$0.6713 B
Amitriptyline Hydrochloride	
50 mg, Tablet, Oral, 100	\$0.0758 R
100 mg, Tablet, Oral, 100	\$0.1568 B
Amoxicillin	
125 mg/5 ml, Powder for Reconstitution, Oral, 150	\$0.0201 B
250 mg/5 ml, Powder for Reconstitution, Oral, 150	\$0.0299 B
Atenolol; Chlorthalidone	
100 mg; 25 mg; Tablet, Oral, 100	\$0.3068 R

Carbidopa; Levodopa	
10 mg; 100 mg, Tablet, Oral, 100	\$0.4043 R
25 mg; 100 mg, Tablet, Oral, 100	\$0.4688 R
Clomipramine Hydrochloride	
25 mg, Capsule, Oral, 100	\$0.3750 B
Clonidine Hydrochloride	
0.1 mg, Tablet, Oral, 100	\$0.1050 R
0.2 mg, Tablet, Oral, 100	\$0.1410 R
Hydrocortisone	
2.50% Lotion, Topical, 59	\$0.7500 B
Ibuprofen	
800 mg, Tablet, Oral, 100	\$0.0638 R
Nystatin	
100,000 Units/Gm, Cream, Topical, 30	\$0.0990 B
Oxybutynin Chloride	
5 mg, Tablet, Oral, 100	\$0.1650 B
Silver Sulfadiazine	
1%, Cream, Topical, 400	\$0.0628 B
Sulfacetamide Sodium	
10%, Solution/Drops, Ophthalmic, 15	\$0.1690 B
Verapamil Hydrochloride	
80 mg, Tablet, Oral, 100	\$0.0773 B
120 mg, Tablet, Oral, 100	\$0.1148 B

Changes in Drug Rebate Manufacturers

The following changes have been made in manufacturers with Drug Rebate Agreements. They are listed by manufacturer's code, which are the first five digits of the NDC.

Additions

The following labelers have entered into Drug Rebate Agreements and have joined the rebate program effective on the dates indicated below:

<i>Code</i>	<i>Manufacturer</i>	<i>Date</i>
10139	GeneraMedix Inc	12/09/2008
13925	Seton Pharmaceuticals, LLC	11/18/2008
42998	Marathon Pharmaceuticals, LLC	12/02/2008
65084	Mckesson Corp, Rx Pak Division	12/10/2008
66658	Biovitrum AB	12/15/2008

Terminated Labelers

The following labelers will be terminated from the Medicaid Drug Rebate Program effective January 1, 2009:

Purdue Frederick Company	(Labeler 00034)
Star Pharmaceuticals, Inc	(Labeler 00076)
Watson Pharma Inc	(Labeler 00364)
Grifols Biologicals, Inc	(Labeler 49669)
Watson Pharma Inc	(Labeler 62022)
Veracity Pharmaceuticals, Inc	(Labeler 67887)
Carolina Pharmaceuticals, Inc	(Labeler 68249)

The following labelers will be terminated from the Medicaid Drug Rebate Program effective April 1, 2009:

Apothecon, Inc.	(Labeler 59772)
Cell Therapeutics, Inc.	(Labeler 60553)
Genzyme Corporation.	(Labeler 62053)
Bioglan Pharmaceuticals Co.	(Labeler 62436)
Athlon Pharmaceuticals, Inc.	(Labeler 66813)
Salix Pharmaceuticals, Inc.	(Labeler 66934)
Vindex Pharmaceuticals, Inc.	(Labeler 67204)
Varsity Laboratories.	(Labeler 67537)

Voluntarily Terminated Labeler

The following labeler has requested voluntary termination effective April 1, 2009:

Anesiva Inc.	(Labeler 28000)
Almus Pharmaceuticals, USA LLC	(Labeler 42688)

All of us join in wishing you a happy Holiday Season and a prosperous New Year!!

DMA

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EDS

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Checkwrite Schedule

December 02, 2008	January 13, 2009	February 10, 2009
December 09, 2008	January 21, 2009	February 18, 2009
December 16, 2008	January 29, 2009	February 26, 2009
December 29, 2008	February 03, 2009	March 03, 2009

Electronic Cut-Off Schedule

November 26, 2008	January 08, 2009	February 05, 2009
December 04, 2008	January 15, 2009	February 12, 2009
December 11, 2008	January 22, 2009	February 19, 2009
December 18, 2008	January 29, 2009	February 26, 2009

Electronic claims must be transmitted and completed by 5:00 p.m. on the cut-off date to be included in the next checkwrite. Any claims transmitted after 5:00 p.m. will be processed on the second checkwrite following the transmission date. POS claims must be transmitted and completed by 12:00 midnight on the day of the electronic cut-off date to be included in the next checkwrite.



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